



Application for Tobacco Sales License

Date: _____

Fee: \$75.00

Name of Retailer: _____

Business Address: _____

Mailing Address (if different): _____

Name and Title of Applicant: _____

Address of Applicant: _____

Name of Owner (if different): _____

Business Phone Number: _____ Business Email: _____

Other Emergency Contact Number of Responsible Party: _____

MA DOR Cigarette Retailer's License Number (5-digit) _____

(A copy of this license, or other proof of payment, MUST BE ATTACHED to this Application)

****LICENSE WILL NOT BE ISSUED UNLESS ATTACHED CERTIFICATION CLAUSE FOR STATE TAXES IS SIGNED BY THE APPLICANT.**

BOARD OF HEALTH USE ONLY

Permit No. _____

Permit Approved / Denied Date: _____

If denied, reason: _____

Fee amount and date collected: _____



Building And Promoting A Healthy Community

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